

PERSONAL DATA SHEET

Date:

Lawyer:

The information you are about to provide will be the basis for your discussions with your lawyer and other financial advisers about your will and other estate and personal planning. You do not need evaluations or appraisals for listing assets and liabilities – your best estimates should be sufficient for most discussions. However, how you own the legal title to your assets is important and, if you are not sure whether, for example, your house is owned jointly with another person, ask your lawyer to investigate since assumptions can cause later problems. Also, if possible, check with your financial institutions for beneficiary designations on life insurance policies and pension plans.

PART I — FAMILY INFORMATION

1. Full name:
2. Address:
3. Date and place
of birth:
4. Phone (home):
Phone (business):
Facsimile:
Email:
5. Occupation:
Annual income:
6. Residence for
income tax purposes:

Domicile:

Citizenship:
7. Marital status:
8. Spouse's name:
Spouse's date of birth:
Spouse's address:
9. Child's name:
Child's date of birth:
Child's address:
Child's name:
Child's date of birth:

Child's address:
Child's name:
Child's date of birth:
Child's address:

10. Other dependants. (Do you have any legal obligation to support another person in addition to your spouse and children, or have you been providing actual support to anyone other than your spouse and children?)

Name:
Address:
Date of birth:
Nature of support:
Name:
Address:
Date of birth:
Nature of support:

11. Have you ever promised someone a share of your estate in exchange for that person assisting you personally or with your finances or assets?
If yes, please provide particulars.

12. Others to be named (not dependants)

Name:
Date of birth:
Address:
Name:
Date of birth:
Address:

PART II — GENERAL

1. Do you have a will?
Does your spouse have a will?
2. Are you presently receiving benefits from an estate or trust? If so, please give particulars.
3. Have you set up a trust to benefit another person? If so, please give particulars.
4. Do you and your spouse have a marriage contract? Please provide a copy.
5. Are you an executor or trustee of any estate?
6. Do you have your own financial planner, investment adviser, accountant or life insurance agent?
Name: Address:
Name: Address:
7. Do you own or have an interest in a business (*i.e.*, sole proprietorship, partnership or

limited company)? Please provide copies of business agreements. Please give details.

8. Have you been married more than once? If yes, please provide copies of final decree, separation agreement, etc.

PART III — ASSETS

1. Automobiles and boats

Item:	Item:
Value:	Value:
In whose name:	In whose name:

2. Approximate value of household goods and contents:

3. Real estate

Location:	Location:
Value:	Value:
Original cost:	Original cost:
In whose name:	In whose name:

4. Bank accounts

Name of bank:	Name of bank:
Address of bank:	Address of bank:
Account number:	Account number:
In whose name:	In whose name:
Average balance:	Average balance:

If any of these accounts is/are held in your name with another person, do you intend that the other person should inherit the balance in such account(s) upon your death?

5. Safety deposit box

Location:
Box number:

6. Life insurance

Name of company:	Name of company:
Policy number:	Policy number:
Type of plan:	Type of plan:
Named beneficiary:	Named beneficiary:
Value to your estate:	Value to your estate:

7. RRSPs, RIFs, pensions and annuities

Name:	Name:
Contract number:	Contract number:
Named beneficiary:	Named beneficiary:
Value to your estate:	Value to your estate:

8. Investments

Please list all stocks and/or bonds and their original costs and estimated market values:

Please indicate whether any of these investments are held in the names of yourself and any other person. If yes, do you intend that this person will be the sole owner of these assets upon your death?

PART IV — LIABILITIES

1. Mortgages payable by you

Amount owing:

Amount owing:

Name of mortgagee:

Name of mortgagee:

Is this mortgage insured?

2. Other debts

Amount owing:

Amount owing:

Name of creditor:

Name of creditor:

Are any such debts (*e.g.*, line of credit) secured by way of a collateral mortgage on real property?

Provide particulars:

PART V — SUMMARY

Total value of assets	\$
Less total value of liabilities	\$
Net value of estate	\$

PART VI — WILL INSTRUCTIONS

1. Disposition of household goods, personal effects, jewellery, automobiles, etc.:

Will you make a non-binding memorandum or list to help your family make a fair division?

2. Disposition of residence and/or cottage:

3. Cash legacies (charitable, personal or sentimental):

4. Disposition of RRSPs, RIFs, annuities, pensions:

5. Disposition of residue (including trusts for spouse and/or children and other issue, payments of income from trust, payment of capital from trust, time of distribution of trust, provision should any beneficiaries predecease, etc.):

6. Instructions concerning executors and trustees:

7. Are death taxes to be paid from capital without recourse to beneficiaries?

Are there special provisions for beneficiaries in other jurisdictions?

If a specific gift to a named beneficiary is an asset on which the estate will have to pay income tax, should the estate pay that tax or should the tax be borne by the named beneficiary?

8. Are executors to have broad powers for retention, sale and investment of assets and, if a trust company, investment in own securities, etc.?

9. Special clauses to be included

(a) Appointment of guardians and custodians for children:

Name(s):

Address(es):

(b) Fee agreement/pre-take:

(c) Exclude illegitimates:

(d) Family law clauses:

10. Do you wish to have a continuing power of attorney for property (financial power of attorney)?

Name and address of your attorney(s):

If more than one attorney, will they act jointly or jointly and severally?

11. Do you wish to have a power of attorney for personal care?

Name and address of your attorney(s):

If more than one attorney, will they act jointly or jointly and severally?

Will the power of attorney enumerate the kinds of care you require (*e.g.*, no life support if no hope of recovery, etc.)?

Please specify:

12. Funeral, burial and other special instructions:

13. Where will the original documents be held?